DOH Collaborative on Public Health Performance Measures

Team Meeting via iLinc

Monday, September 25, 2006, 3:00 – 5:00 pm

Meeting Minutes (Recorder: Luann D'Ambrosio)

Participants:

Marni Mason, Rita Schmidt, Torney Smith, Deborah Ahearn, Claudia Lewis, Gwen Dutt, Roger Arango, Peggy Grigg, Lauren Jenkens, John Pepper, Karen Krueger, Michelle Balter, Eeva Seekatz,

• Brief review of iLinc tools

Luann presented brief reminder to close any open programs and directions for taking the floor.

• Each team presented their work plan and progress to date

DOH

3on the line DOH

- Theme Healthy Behaviors
- Revised Scope of work
- Modified work group
- Participatory
- Collecting logic models
- CFH progress revise
- Working on sub theme
- Increase award be hour factors
- Promote screening

Targeted toward individuals

2nd promoting positive health behaviors Encourage polls 3rd Partner w/communicate to promote Positive environments CFH office identify Some # of comment behaviors

Describe behaviors Present some performance measures Out in Europe for their weeks

Grant

Roger Arrango

All we have done is add data sheets

- outcome measure #1
 - Looked a forms and now we collect the data
- Several data bases that can be consider data

Measure 2

How much of the process can we control? Look at target and goals see what is practicable First cut likely to reviewed to see how close we were able to care

Case Management

Meeting w/case management don't might be helpful

Health department/staff/and providers

#5 Come up w/instrument for internal client

Internal health care staff

How we are doing in cut tasks

#6 type course

80% first guess

#7 course type

#8 want 100% know contacts

#9

Outcome measures are linked to output activities

We correctly cared data AARP internal screens

Make process more efficient

- Can LT BI database model available

Grays Harbor

Peggy

When get financed we can share lots of logic models put there do not need to reinvent the wheel Michelle –

Read on slide 95%

Making *20% delayed start

Prone couldn't how we would capture that after leave clinic results add "we care"

90% reliable methods chart review of regulative pregnancy reports

1 person who left w/a negative test

Nurse comments conversation

Staff bought into program

Ordered stamped how they would like to be tasted included text messages

Only a week service implantation

No sensitive on text message only generic

Nurse's first name phone

Individual contact method

Spokane

Had last meeting

Training for leadership

Environmental health

Health promotion WRC

- Breast and Cervical Health
- Add financial

2hrs trainings w/each group

Look at logic model for the

1. BPA

2. logic model

BPA training rest off the bat

Management

Prorating staff idealized

Where gaps

Logic model Process impact population Measure doing the way Process

And charges along the way

Contact analysis
Flow analysis
On track new process went and now they fit together
Aha's under task flow

Thurston- Deborah Ahern

Data collection form Short term airtimes Collect MCH team data First there outcome measure

- Full term pregnancy
- Less post patrician depression
- Longer breath feeding duration

Wealth of data useful we have so much there that we have not been using Added box on interventions invading to health outcome Added or strengthen

Review inter sections that lead to diminished or post preterm Have data need to pull together for enter group Meats feeding direction to out measure

#of weeks infants #still being beast field over 6 months

infant have thorough reports

have get to frequent target goal healthy people avoid

All being collected from different tools not as part of a total program evaluation

Omaha – explore to second hand smoke

Knowledge and use with communality system up annual running before end of 2006 to use with new clients

Quarterly the plan

Omaha KDS reports report & first

Three measures

- Request for Asst.
- What is a task flow Analysis
- Context diagram
- Input track from beginning to end
- Work flow diagram
- Task flow detail level

Learning congress

Report back to full group on accomplishments

Torney Robert Wood Johnson

Marni Joan Rita Chicago

Multi state learning work

Grays state surpassed goals extent

Oppt submit request from Feb. 2008

15 month second funding turned with work that's giving -----also business analyses HCCP work well received

Miscellaneous

Marni – Lots of requests for more information—pioneers-- cutting edge Rita roll of this related back to standards work on specific standards to work on other states reporting on how people are measure themselves w/art plenty attention to the Work back home/we were the only state that report on their level of work Who attend?

Next Steps & Upcoming Deadlines

Who attend?

Grays – all three of us planning to attend

Grant-Roger

Thurston – Deborah

Spokane – All three attend/Gwen not speaking

DOH – Torney speaker

100 people at the conference

Audience – all collaborative teams

- -5- improvement consultative teams
- -6- Performance management count
- -Health indicators Lay Indicator external to all states

Meeting adjourned at 4:30pm